Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

| 1. | Agency Name | | | | | Date Stamp | California Q02 |
|----|---|--------------------|------------|-----------------------------------|--|---|----------------------------------|
| | County of Los Angeles | | | | | | Form OUZ |
| | Division, Department, or Region (if applicable) | | | | | For Official Use Only | |
| | Board of Supervisors, Fifth District | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | | 9 |
| | Sandra Cruz, Ticket Administrator | | | | | Amendment (Must F | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | | Tovide Explanation III T art 6.9 |
| | (213) 974-5555 | scruz@bos.la | acounty | .gov | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | | |
| | Does the agency have a tic | ket policy? | Yes 🗵 | No 🗆 | Face Value of I | Each Ticket/Pass \$ $\stackrel{4!}{=}$ | 5.00 |
| | | | | | | , 08 , 17 | 09 , 09 , 17 |
| | Event Beschption: | Provide Tit | e/ Explana | tion | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Los Ange | | | | | | |
| | Was ticket distribution made at the behest Yes ☐ No ☒ If yes: | | | | | Name of Source | |
| | of agency official? | e at the benest | Yes 🗌 | No 🗵 | If yes: | Official's Name (Last, First) | |
| | or agency official? | | | | | | |
| 3. | Recipients | | | | | | |
| | • Use Section A to identify the ager | cy's department or | unit. • U | se Section B to | identify an individ | ual. • Use Section C to ident | tify an outside organization. |
| | A. Name of Agency, Depa | artment or Unit | | Number of Ticket(s)/ Passes | Describe the | e public purpose made pur | suant to the agency's policy |
| | Board of Supervisors | | | 2 | Ticket Policy | Sec 5.3(k) | |
| | B. Name of Indi | | | Number of Ticket(s)/ Passes | | Identify one of the f | ollowing: |
| | | 9 | | | The second secon | onial Role Other ing "Ceremonial Role" or "Other" des | |
| | | | | | | onial Role Other on "Other" des | |
| | C. Name of Outside O (include address and | | | Number of Ticket(s)/ Passes | Describe the | e public purpose made pure | suant to the agency's policy |
| _ | Verification | | | | | | |
| ٠. | I have read and understand FP with the requirements. | PC Regulations | 18944.1 | and 18942. | I have verified to | hat the distribution set fo | orth above, is in accordance |
| | Signature of Agency Head or Design | ee | | a Cruz | | Ticket Administrator | 9/29/17 (month, day, year) |
| | Comment: | | | | | | (shiri, day, year) |

Agency Report of: Ceremonial Role F

| (| eremoniai Role Even | ts and licket/P | ass Distr | ibutions | Α | Public Document |
|----------|---|----------------------------|-------------------------|---|--------------------------------------|--------------------------------|
| | Agency Name | | Date Stamp | California 802 | | |
| | County of Los Angeles | | | Form OUZ | | |
| | Division, Department, or Region (if applicable) Board of Supervisors, Fifth District | | | | | For Official Use Only |
| | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | |
| | Sandra Cruz, Ticket Administrator | | | | Amandmant (Mark C | - I - Control in Control |
| | Area Code/Phone Number | E-mail | | | Amendment (Must P | rovide Explanation in Part 3.) |
| | (213) 974-5555 | scruz@bos.lacount | ty.gov | | Date of Original Filing: . | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a tick | cet policy? Yes [| ⊠ No 🗆 F | ace Value of | Each Ticket/Pass \$ 45 | 5.00 |
| | | | | | <u>, 10 , 17 </u> | 09 , 22 , 17 |
| | Event Description. | Provide Title/ Explai | | 00 22 11 | | |
| | Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Ange | | | | | |
| | | | | | Name of Source | |
| | Was ticket distribution made | at the behest Yes [| □ No⊠ ^I | f yes: | Official's Name (Last, First) | |
| | of agency official? | | | | | |
| 3. | Recipients | | | | | |
| | • Use Section A to identify the agen | cy's department or unit. • | Use Section B to | identify an individ | ual. • Use Section C to ident | ify an outside organization. |
| | | | Number | 100000000000000000000000000000000000000 | | |
| | A. Name of Agency, Depa | rtment or Unit | of Ticket(s)/ Passes | Describe the | e public purpose made pur | suant to the agency's policy |
| | Board of Supervisors | | _ | Ticket Policy | ket Policy Sec 5.3(k) | |
| | | | 2 | | , | |
| | | | | | | |
| | | | | | | |
| | B. Name of Indi | vidual | Number of Ticket(s)/ | | Identify one of the fo | ollowing: |
| | (Last, First | st) | Passes | | | |
| | Staff | | | | onial Role Other Other | |
| | | | | II check | ing "Ceremonial Role" or "Other" des | спре регом. |
| | | | | | | |
| | | | | | onial Role Other Other | |
| | | | | II CHECK | ing "Ceremonial Role" or "Other" des | cribe below. |
| | | | Normalian | | | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ | Describe the | e public purpose made purs | suant to the agency's policy |
| | | | Passes | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Varification | | | | | |
| | Verification | DO D | 1 110010 | | | |
| | I have read and understand FP with the requirements. | PC Regulations 18944. | 7 and 18942. | ı nave verified ti | nat the distribution set fo | πn above, is in accordance |
| | Landin N. | • | dua 0 | | Tielest Adect 1.4.4 | 0/00/47 |
| | Signature of Agency Head or Design | | dra Cruz | | Ticket Administrator | 9/29/17 (month, day, year) |
| | Signature of Agency Head of Design | PI | Hanle | | Hue | (monur, day, year) |
| | Comment: | | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{45.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodger Tickets Date(s) __09__/ 23 / Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes □ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes **Board of Supervisors** Ticket Policy Sec 5.3(k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Income Other | If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

| I have read and understand FPPC R | egulations 18944.1 and 18942. | . I have verified that the distribut | ion set forth above, is in accordance |
|-----------------------------------|-------------------------------|--------------------------------------|---------------------------------------|
| with the requirements. | | | |

| Sandra Cum | Sandra Cruz | Ticket Administrator | 9/29/17 |
|--------------------------------------|-------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: | | | 7.C) 5-782/ 9c |

| | Agency Name | | | | Date Stamp | California OAA |
|----|--|---------------------------|--|-----------------------------|--|--|
| • | County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Fifth District | | | | Bute stamp | Form 802 |
| | | | | | , | For Official Use Only |
| | | | | | | |
| | Designated Agency Contact (A | lame,Title) | | | | |
| | Sandra Cruz, Ticket Administ | trator | Amendment (Must Provide | e Explanation in Part 3.) | | |
| | Area Code/Phone Number | E-mail | | | | |
| | (213) 974-5555 | scruz@bos.lacoun | ty.gov | | Date of Original Filing: | month, day, year) |
| 2. | Function or Event Inform | nation | | | 45.00 | |
| | Does the agency have a ticket | et policy? Yes [| ⊠ No 🗆 F | ace Value of | Each Ticket/Pass \$ 45.00 | |
| | Event Description: Dodger Ti | ckets | | Date(s)09 | <u>, 25 , 17 09</u> | 9 , 26 , 17 |
| | | Provide Title/ Explain | nation | f no: Los Ange | | |
| | Ticket(s)/Pass(es) provided b | y agency? Yes [| □ No 🛛 I | 7 no: <u>Los 7 ingl</u> | Name of Source | |
| | Was ticket distribution made | at the behest Yes [| J No⊠ ^I | f yes: | Official's Name (Last, First) | |
| | of agency official? | | | | Official's Name (Last, First) | |
| 3. | Recipients | | | | | |
| | • Use Section A to identify the agency | y's department or unit. • | Use Section B to | identify an individ | lual. • Use Section C to identify ar | outside organization. |
| | A. Name of Agency, Depart | tment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursuan | t to the agency's policy |
| | Board of Supervisors | | 2 | Ticket Policy Sec 5.3(k) | | |
| | | | | 1 | | |
| | D Name of Indivi | dual | Number | | | |
| | B. Name of Indivi | | Number of Ticket(s)/ Passes | | Identify one of the follow | ring: |
| | | | of Ticket(s)/ | | Identify one of the follow | Income |
| | | | of Ticket(s)/ | If check | nonial Role Other | Income In |
| | | anization | of Ticket(s)/ | If check | nonial Role Other Other describe in the control of | Income In |
| | (Last, First, | anization | of Ticket(s)/ Passes Number of Ticket(s)/ | If check | nonial Role Other Other describe to the control of | Income In |
| 1 | C. Name of Outside Org | anization | of Ticket(s)/ Passes Number of Ticket(s)/ | If check | nonial Role Other Other describe to the control of | Income In |
| | (Last, First, | anization lescription) | of Ticket(s)/ Passes Number of Ticket(s)/ Passes | Cerem If check Describe th | nonial Role Other or "Other" describe to the string "Ceremonial Role" or "Ceremonial Role" or "Other" describe to the string "Ceremonial Role" or "Other" describe to the string "Ceremonial Role" or "Ceremonial Ro | Income In |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodger Tickets Date(s) __09__/ 27 , Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------------|--|
| Board of Supervisors | 2 | Ticket Policy Sec 5.3(k) |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Staff | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sandra Cruz Print Name **Ticket Administrator**

with the requirements.

Comment: _

9/29/17

(month, day, year)